



Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

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| Application Number | 09/673,872 |
| Filing Date | 2000-12-04 |
| First Named Inventor | Tony WAI-CHIU SO |
| Art Unit | 1611 |
| Examiner Name | WELTER, Rachael |

Sheet 1 of 2

Attorney Docket Number C7979U

U.S. PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| | | Number-Kind Code ² (if known) | | | |
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| | 1 | JP 95-045387 B2 | 05-17-1995 | SHISEIDO CO LTD | [English Abstract Only] | |
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| | 4 | JP 09-188620 A | 07-22-1997 | TAISHO PHARMACEUT CO LTD | [English Abstract] | |
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| Examiner Signature | | Date Considered |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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| | | | | Art Unit | 1611 |
| | | | | Examiner Name | WELTER, Rachael |
| | | | | Attorney Docket Number | C7979U |

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| First Named Inventor | Tony WAI-CHIU SO |
| Art Unit | 1611 |
| Examiner Name | WELTER, Rachael |
| Sheet 1 of 1 | Attorney Docket Number C7979U |

NON PATENT LITERATURE DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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| | 1 | ABRAM, A.Z., et al., "Mousses", Ch. 19, Pgs. 221-232, Soltec Research Pty Ltd, Rowville, Victoria, Australia, June 2001. | |
| | 2 | SCIARRA, J.J., et al., "Pharmaceutical Aerosols", Ch. 20, Pgs. 589-618, The Theory and Practice of Industrial Pharmacy, 3 rd Ed., Lachman, L., et al., Varghese Publishing House, Bombay, India, (1987). | |
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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.